



ITW

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

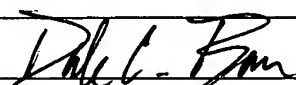
Application Number	10/633,235
Filing Date	July 31, 2003
First Named Inventor	Steven W. Reichenthal
Group Art Unit	2173
Examiner Name	Antoine Royall
Attorney Docket No.	BOEI-1-1096

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ ***
---	--	--


Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Black, Lowe & Graham	
Signature		Dale C. Barr Reg. No. 40,489
Date	Sept. 23, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. BOX 1450, Alexandria VA 22313-1450 on the date specified below.

Typed or printed name	Tricia K. Walker	
Signature		Date: 09/23/04



Please type a plus sign (+) inside this box

+

PTO/SB/122 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22313-1450

Application Number	10/633,235
Filing Date	31-Jul-2003
First Named Inventor	Reichenthal, Steven W
Group Art Unit	2173
Examiner Name	Antione Royall
Attorney Docket Number	BOEI-1-1096

Please change the Correspondence Address
for the above-identified application to:

25315

CUSTOMER NUMBER

☒ Customer Number

<input checked="" type="checkbox"/> Firm or Individual Name	Black Lowe & Graham PLLC				
Address	701 Fifth Avenue, Suite 4800				
City	Seattle	State	WA	ZIP	98104
Country	USA				
Telephone	(206) 381-3300	Fax	(206) 381-3301		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration number _____.

Typed or Printed Name	Dale C. Barr Reg. No. 40,498
Signature	Dale C. Barr
Date	April 15, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending on the needs of the individual case. Any comments about the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner for Patents, P.O. BOX 1450, Alexandria, VA 22313-1450.

S:\Clients\B\BOEING\BOEI\1-Patent\boei-coca-merge.doc [01-14-01]